

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

AUG 28 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

ARTESIA, OFFICE

Operator Enron Oil & Gas Company	Well API No. 30-015-26136
Address P. O. Box 2267, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> CASINGHEAD GAS MUST NOT BE Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> FLARED AFTER 11/27/89	
If change of operator give name and address of previous operator _____ _____ AN EXCEPTION FROM THE B. L. M. IS OBTAINED	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sand 7 Federal	Well No. 2	Pool Name, Including Formation Shugart, North Bone Spring	Kind of Lease Fed State, Federal or Fee	Lease No. NM 33437A
Location Unit Letter F : 1980' Feet From The north Line and 1980 Feet From The west Line Section 7 Township 18S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transp. Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) 1214 N. Eastside Dr, Wichita Falls, TX 76304				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 7	Twp. 18S	Rge. 31E	Is gas actually connected? When ?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 6-19-89	Date Compl. Ready to Prod. 8-3-89		Total Depth 8569'		P.B.T.D. 8470'			
Elevations (DF, RKB, RT, GR, etc.) 3624.3' GR	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 7784'		Tubing Depth 8182'			
Perforations 7784-7812 & 8264'- 8320'					Depth Casing Shoe 8569'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		663'		900 Post ID-2			
12-1/4"	9-5/8"		2502'		850 9-1-89			
7-7/8"	5-1/2"		8569'		1150 comp + BH			
	2-7/8" Tubing		8182'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 8-3-89	Date of Test 8-11-89	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs	Tubing Pressure 200	Casing Pressure 800	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 350	Water - Bbls. 55	Gas- MCF 175

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/M/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Betty Gildon
Printed Name Betty Gildon, Regulatory Analyst
Date 8/22/89 Telephone No. (915) 686-3714

OIL CONSERVATION DIVISION

Date Approved SEP 26 1989
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.